

## Estimate Your Payment Responsibility

**If desired, use this worksheet to estimate your monthly payment responsibility. You will need your most recent health plan invoice. If you have qualifying family members on a separate policy for whom you wish to claim the credit, you should complete this worksheet again to determine the HCTC benefit for that policy.**

1. Enter the total monthly premium paid for the health plan policy. (1) \_\_\_\_\_
2. Enter the total monthly premium paid for non-qualifying family members on your policy. (2) \_\_\_\_\_
3. Enter the total of monthly premiums paid for exceptions on this policy (for example, vision and dental coverage). (3) \_\_\_\_\_
4. Enter the amount of your monthly premium that you pay using funds from an Archer MSA (Medical Savings Account). (4) \_\_\_\_\_
5. Add lines 2, 3, and 4. Enter the result here. This is your estimated total monthly **ineligible** premium amount. (5) \_\_\_\_\_
6. Subtract line 5 from line 1 and enter the result here. This is your estimated monthly **HCTC-eligible** premium amount. (6) \_\_\_\_\_
7. Multiply line 6 by 35% (.35) and enter the result here. (7) \_\_\_\_\_
8. Add lines 5 and 7. This is an estimate of your **total** monthly payment responsibility for this policy. (8) \_\_\_\_\_
9. Subtract line 7 from line 6. This is an estimate of what you will save each month through the HCTC. (9) \_\_\_\_\_